



OUTPATIENT SERVICES

Instructions:

- Fax REHAB orders to 931-815-4630
- Fax ALL OTHER orders to 866-278-2145
- Original – To be kept in the office chart.
- Make a copy for the patient to bring to the facility on the day of the exam.

Patient Type (circle one) Out-Pt Recurring

Patient: _____ Date and Time of Exam: _____

Diagnosis:(applicable to each exam ordered): _____

Ordering Physician:(print) _____ Signature (Required): _____

Laboratory

- ___ ABO & RH
- ___ Arterial blood gas
- ___ Amylase, serum
- ___ Ammonia
- ___ **ANA (titer if indiated)**
- ___ BMP (Chem 7)
- ___ Beta HCG, Quan
- ___ BUN
- ___ Beta Strep. Screen
- ___ Bilirubin - neonatal
- ___ Bilirubin - total
- ___ Bilirubin - direct
- ___ Bleeding Time (By PFA)
- ___ BNP
- ___ Calcium serum
- ___ **CBCD (manual diff if indicated)**
- ___ Cholesterol
- ___ CMP (chem. 12)
- ___ CK
- ___ Creatinine Clearance (24 hr urine)
- ___ Creatinine Serum
- ___ Drug Screen (in house)
- ___ Dilantin
- ___ Digoxin - lanoxin
- ___ Folate
- ___ Glucose - fasting
- ___ Glucose - nonfasting
- ___ Hematocrit
- ___ Hemoglobin
- ___ Hemoglobin A1C
- ___ HFP (liver panel)
- ___ Hepatitis Panel
- ___ **HIV (with confirm if Indicated)**
- ___ Lithium
- ___ Lipid Panel
- ___ Lytes
- ___ Magnesium

- ___ Mono test
- ___ Ova & Parasite
- ___ Occult Blood: ___feces ___emesis
- ___ Platelet count - automated
- ___ Phosphorus
- ___ Pregnancy test - urine
- ___ Pregnancy test - serum
- ___ Potassium
- ___ PSA
- ___ PT (INR)
- ___ PTT
- ___ **RPR (titer if indicated)**
- ___ Sed. Rate
- ___ Semen Analysis
- ___ Sperm-Count (post vasectomy)
- ___ T3 Uptake
- ___ T4
- ___ Theophylline
- ___ Troponin I
- ___ Type and Crossmatch (Antibody id if indicated)
- ___ Type and Screen
- ___ TSH
- ___ Uric Acid
- ___ **UA (Microscopic if indicated)**
- ___ Venipuncture
- ___ Vitamin B12
- ___ WBC
- ___ Other: _____

Microbiology

- ___ **Blood culture (ID & Sens if positive)**
- ___ **Body fluid & gram site: _____ (id & sens. If positive)**
- ___ **Sputum & Gram (ID & sens if indicated)**
- ___ Throat Culture
- ___ **Urine Culture (ID & sens if positive)**
- ___ **I do not want reflex testing for the following tests: _____**

Cardiopulmonary

- ___ EKG
- ___ Stress Test (Treadmill)
- ___ 24 hr Holter Monitor
- ___ 48 hr Holter Monitor
- ___ EEG
- ___ Pulse Oximetry
- ___ Pulse Oximetry (Pre/Post Exercise)
- ___ 6 Minute Walk Test
- ___ PFT Spirometry Only
- ___ PFT Complete (DLCO & Lung Volumes)
- ___ Other: _____

Rehab Services

- ___ Physical Therapy eval & treat
- ___ Occupational Therapy eval and treat
- ___ Speech Therapy eval and treat
- ___ Frequency: _____
- ___ Duration: _____
- ___ Other: _____

The Diabetes Center

- ___ Self-Management Training Program (Please call Diabetes coordinator for additional form to be completed.)

Nutrition Services

- ___ Medical nutrition therapy eval & treat

___ Call Report ___ Fax Report to: _____

BOLD = Reflex Tests

— Scheduling Phone Numbers —

Laboratory: 931-815-4282 Nutrition Services: 931-815-4146 Cardiopulmonary: 931-815-4284 Physical Therapy: 931-815-4367

It is the policy of our institution that only true, accurate information be submitted to support the ordering of diagnostic tests. The compliance policy of our institution only bills for medically necessary services.

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